

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/047,652	03/25/98	435	1641	009/064/SAP

APPLICANT VASSILIOS PAPADOPoulos, NORTH POTOMAC, MD; MARTINE CULTY, NORTH POTOMAC, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

T. Dae (None)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

T. Dae (None)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 04/09/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 12	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 14
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ADDRESS PRATT & ASSOCIATES 10821 HILLBROOK LANE POTOMAC MD 20854 #12	Initials Robin L. Jenkins Shaw Pittman 2300 N Street, N.W. Washington, D.C. 20037-1128
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TITLE PERIPHERAL-TYPE BENZODIAZEPINE RECEPTOR: A TOOL FOR DETECTION, DIAGNOSIS, PROGNOSIS, AND TREATMENT OF CANCER
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FILING FEE RECEIVED \$1,022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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